

WNC Policies and Procedures Manual

Procedure: **COMMUNICABLE DISEASE PLAN** (Re: 9/3/2009)

Policy No.: 11-2-2

Department: Environmental Health and Safety (EH&S)

Contact: Environmental Health and Safety Coordinator

Policy: This plan addresses communicable disease outbreaks and defines the steps that WNC will take in preparation for, and how the college will respond to a health related emergency, epidemic or pandemic. This document is consistent with other WNC emergency planning documents.

This plan cites several different communicable diseases and is intended for use in all communicable disease emergencies. The severity of communicable diseases can vary greatly. Much of this plan is based on influenza that may be greater in severity than the H1N1 virus.

The intent of this plan is to protect lives and effectively use available resources to maintain an appropriate level of college operations during instances of communicable disease emergencies.

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Definitions:

Antiviral Drugs: A class of medication used specifically for treating viral infections. Like antibiotics, specific antiviral are used for specific viruses. Antiviral drugs are one class of antimicrobials, a larger group that also includes antibiotics, anti-fungal and anti-parasitic drugs. They are relatively harmless to the host, and therefore are used to treat infections. They should be distinguished from vermicides, which actively deactivate virus particles outside the body.

Influenza: Commonly known as the **flu** or the **grippe** is a contagious disease of the upper airways and the lungs caused by an RNA virus of the orthomyxoviridae family. It rapidly spreads in seasonal epidemics killing millions of people in pandemic years and hundreds of thousands in nonpandemic years. It creates health care costs and lost productivity. Three influenza pandemics in the 20th century, each following a major genetic change in the virus, killed millions of people all over the world.

Pandemic: According to the World Health Organization (WHO), a pandemic can start when three conditions are met:

- the emergence of a disease new to the population
- the agent infects humans, causing serious illness
- the agent spreads easily and sustainably among humans

A disease or condition is not a pandemic merely because it is widespread or kills a large number of people; it must also be infectious. For example, cancer is responsible for a large number of deaths but is not considered a pandemic because the disease is not infectious.

Vaccine: An antigenic preparation used to produce active immunity to a disease in order to prevent or ameliorate the effects of infection by any natural or ‘wild’ strain of the organism. The term derives from vaccine, the infectious viral agent of cowpox (“vacca” means cow in Latin), which, when administered to humans, provided them protection against smallpox. The process of distributing and administration vaccines is referred to as vaccination.

Section 1 Introduction

This Communicable Disease Plan is formulated to work within the established emergency structure for each WNC campus. Accordingly, the College’s Emergency Policy Group is responsible for the direction to implement this plan. This policy group maintains contact with state and local officials during an emergency and will implement and modify this plan as appropriate.

It is likely that if a severe situation or pandemic occurs, local government entities, or the Chancellor or the Board of Regents of the Nevada System of Higher Education, may issue directions that could affect the operation of our campuses such as quarantine orders and directives to close certain facilities. WNC will follow, this NSHE direction as well as, the direction of State and local health officials. The State and local health department(s) could well be the incident commander for such an emergency.

The U.S Department of Health and Human Services has issued pandemic plan and prepared guidance that includes several mitigation intervention techniques (see Section 6). For the entire document go to <http://www.pandemicflu.gov/plan/>

Once on this site you can go to “State and Local Planning” to view information for Nevada. This is possible based on an agreement between Nevada and the U.S. Department of Health and Human Services.

Two key links to documents pertaining to the N1H1 virus (swine flu) follow:
CDC guidance for response to influenza for Institutions of Higher Education during the 2009-2010 academic year. See this web link <http://pandemicflu.gov/plan/school/higheredguidance.html>

Communications tools for institutions of Higher Education is
<http://pandemicflu.gov/plan/school/higheredtoolkit.html>

Section 2 References

A. Nevada State Health Division

The Nevada State Health Division website is at <http://health.nv.gov/> it is an excellent website.

The H1N1 seasonal tool kit is on their website as well as their bilingual flu hotline.

B. Relevant Nevada Revised Statutes:

- NRS 414-Emergency Management
- NRS 439-Administration of Public Health
- NRS 439.170-Prevention of sickness and disease; legal action for enforcement of laws and regulation
- NRS 441A.150- Reporting occurrences of communicable diseases to the health authority
- NRS 441A.190-Control of disease within schools, child care facilities, medical facilities and correctional facilities and
- NRS 441A.500-720-Isolation and quarantine of a person or group of persons
- NRS 441A.560-Outlines the procedure for isolation and/or quarantine in the State of Nevada - According to statute, a health authority, a physician, a licensed physician's assistant, a registered nurse or a medical facility may submit an application to a health authority for an order of emergency isolation or quarantine of a person or a group of persons alleged to have been infected or exposed to a communicable disease. Under this statute:

“A health authority may take a person or group of persons alleged to and reasonably believed by the health authority to have been infected with or exposed to a communicable disease into custody in any safe location under emergency isolation or quarantine for testing, examination, observation and the provision of or arrangement for the provision of consensual medical treatment; and to transport the person or group of persons to be transported for that purpose by a local law enforcement agency; a system for the non-emergency medical transportation of persons whose operation is authorized by the Transportation Services Authority or an ambulance services that holds a permit issued pursuant to the provisions of Chapter 450B of NRS.”

C. “HHS Pandemic Influenza Plan” by the United States Department of Health and Human Services <http://www.hhs.gov>

D. The Center for Disease Control and Prevention website contains numerous links including “CDC Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year” and “communication Tool Kit for Institution of Higher Education.” A well-organized presentation on the H1N1 virus in the United States is at <http://www.cdc.gov/h1n1flu/>

E. World Health Organization (WHO) website
<http://www.who.int/csr/disease/swineflu/en/index.html>

F. Carson City webpage: <http://www.carson-city.nv.us/> Click on “I am looking for” in the drop down column then click on “Health Inquiries” scroll to “Flu Info”

G. Carson City, Washoe County and Southern Nevada Health District
<http://www.flurevolution.com/pandemic.html>

H. Homeland Security Flu Site <http://www.dhs.gov/files//programs/swine-flu.shtm>

I. U.S. Department of Education Flu Site
<http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html>

Section 3 Responsibilities (what direction do we take?)

Internal:

The WNC’s Emergency Policy Group determines and implements campus policy during all infectious disease threats including a pandemic. The members of policy group include:

- President (chair)
- Vice President of Finance and Administrative Services
- Vice President of Academic and Student Services
- Vice President of Institutional Advancement
- Vice President of Human Resources/General Counsel
- Dean of Instruction
- Dean of Student Services
- Dean of the Fallon Campus
- Representative for the Douglas Campus
- Director of Facilities, Management and Planning
- Director of Public Safety
- Director of Information and Marketing Services
- Director of Computing Services
- Coordinator of Business and Industry
- Coordinator of Environmental Health and Safety
- Night Administrator

The WNC President has the right to add additional members to this group.

Divisions and departments will receive information from the President’s Emergency Policy Group and take action as directed. The direction given will be based on consultation with NSHE, State Health and Local Health Leaders. They are tasked by the issuance of this policy to establish their department, division, campus, or unit continuity of operation plan as outlined in Appendix “B,” WNC’s Template, Division, Department, Campus and Unit Communicable Disease Continuity of Operation Plan. While this template is designed for a pandemic, it will work effectively as a starting point to deal with all communicable disease emergency situations.

Information and Marketing Services is tasked with keeping students and the college community informed. The information given will be based on consultation with NSHE, State Health and Local Health Leaders the College will, if needed, issue information appropriate to our operational status regarding a communicable disease situation and/or recommendations regarding hygiene/infection control, nonpharmaceutical measures, or pandemic mitigation that are endorsed by the CDC. Any such statements that go beyond the operational status of the college will be made in coordination with state/local health divisions, the WNC Public Information Officer (PIO)

and the colleges' emergency policy group. They will also forward current information on our operational status to the following radio and television stations:

KKOH 780AM all news station
KDOT Rock 104 FM
KOZZ 105 FM
KUNR 88.7 FM
KBUL 98 FM
KWNZ 97 FM
KRNO 106.9 FM
ALICE 96.5 FM
KRZQ 100.9 FM
KTHX 100.1 FM

KBZZ 1230 AM
KPTT 630 AM
Television Stations:
KAME Channel 21
KRXI Channel 11
KTVN Channel 2
KREN Channel 27
KRNV Channel 4
UPN 21-Fox 11
KOLO Channel 8

Key information will also be on our website.

The Division Chair of Nursing and Allied Health shall provide medical expertise to the Environmental Health and Safety department. This will assist in the dissemination of medical and health data to support WNC's decision-making.

WNC will follow the appropriate direction of Federal, State, and Local Officials. We will publish this information on our website.

The Environmental Health and Safety Department (EH&S) is responsible for input to, and revisions to this plan. In addition, they interface with state and local entities during any communicable disease emergency.

Public Safety, Facilities, and EH&S maintain supplies and Personnel Protective Equipment (PPE) that may be necessary to help protect the campus community from a communicable disease.

The Business office maintains a record of all WNC authorized foreign and domestic travel to enable the college to track and assist employees that are faced with travel disruptions or quarantine situations.

External

WNC is pleased that Carson City Health and the Nevada State Health Division are working on developing a Regional Health District.

For the college, this is positive because we will get consistent direction for the three counties that comprise this Regional Health District (Carson City, Lyon, and Douglas Counties).

This leaves only three of our campuses taking direction from the Nevada State Health Division: Locklock-Pershing County, Fallon-Churchill County, Hawthorne-Mineral County

Our other five campuses will take direction from Carson City Health who will lead this Regional Health District. These campuses are:
Carson-Carson City, Douglas-Douglas County, Smith Valley-Lyon County,
Fernley-Lyon County, Yerington-Lyon County

Note: All must remember that just because you are in the same health district does not necessarily mean that the directions for each community in the district will be similar!

Section 4 Preparedness

A. Introduction

Communicable disease emergency situations can manifest themselves quite rapidly. WNC must coordinate with state and local entities to assure consistency of response.

Prior to the disease affecting the college's service areas, the college will attempt to:

- Work with the local community to determine the appropriate response
- Maintain close interface with the local medical community
- Obtain supplies and vaccines as appropriate 1.
- Train students and employees in infectious disease control 2.
- Check to assure all departments, divisions, campuses, and units complete and update their communicable disease continuity of operations plans (see Appendix "B" WNC's Template for Division, Department, Campus, and Unit Communicable Disease Continuity of Operation Plan)
- Distribute and provide training in the proper use of respirators or surgical masks or other PPE and disinfectants.

WNC will attempt to limit large group gatherings that could spread a disease or flu. Decisions will also be made related to conducting classes. Web-base opportunities will be used to the largest extent possible.

It is important to comply with the Nevada Administrative Code 441A that requires prompt reporting of influenza to the local health authority. For infectious disease reporting call 775-684-5911

It will also be important for people who are sick to stay home during a pandemic situation. The time needed to remain home will vary based on the virus or other communicable disease being dealt with.

WNC will maintain contact with state and local entities to assure that our response is commensurate with that of our local communities. WNC will also monitor and follow as appropriate: CDC information, state direction, and Board of Regents direction.

B. Key Local Contacts: (Note this information is subject to change)

- Carson, Douglas, Smith Valley, Fernley and Yerington Campuses:
Carson City Health and Human Services
900 E. Long Street
Carson City, NV 89706
775-887-2190
 - Hawthorne, Lovelock, Fallon:
Contact the State of Nevada Health Division
505 E. King Street, Carson City
775-684-4200 after hours 775-688-2830
1. We provide the propriety vaccine needs to responsible health personnel. We purchase pertinent supplies when needs manifest.
 2. We use many mediums for training: Phone, email, poster, video, and classroom.

Our child Development Center is a high priority for H1N1 and other viruses.

C. Continuity of Operations Plans

This document includes a template to assist development of preparedness steps for their divisions, departments, campuses, and units. This template is in Appendix “B” and is entitled “WNC’s Template for Division, Department, Campus, and Unit Communicable Disease Continuity of Operation Plan.” The template describes many scenarios related to pandemic situations to help groups’ better grasp the types of situations they could encounter during a communicable disease emergency.

D. Infection Control Policies and Procedures

WNC cares about the health and safety of its faculty, staff and students and strives to take reasonable steps for protection and mitigation of those risks. While the medical profession best addresses medical issues surrounding any kind of disease outbreak, common sense steps to good health habits can be promoted including eating balanced diets, exercising daily, getting sufficient rest and taking steps to stop the spread of the virus.

The following information condenses the best current guidance available for influenza. In the event of a pandemic, the CDC and WHO websites may offer more updated information. The following are guidelines provided by the CDC in the event of any infectious disease outbreak:

- i) Avoid close contact with sick individuals
- ii) Stay home, and away from work, home, or errands when you are sick
- iii) Cover your mouth and nose with a tissue, handkerchief, or the sleeve of your clothing when coughing or sneezing
- iv) Clean your hands-schools/colleges/units should consider providing waterless antibacterial hand cleansing solutions to individuals
- v) Avoid touching your eyes, nose or mouth
- vi) Persons with respiratory infection symptoms can use a disposable surgical mask to help prevent exposing others.

For more information go to: <http://cdc.gov/flu/protect/stopgerms.htm>

E. Pandemic Mitigation Framework

The proposed pandemic mitigation framework is based on an early, targeted, layered application of multiple partially effective nonpharmaceutical measures. It is recommended that the measures be initiated early before explosive growth of the epidemic and, in the case of severe pandemics, that they be maintained consistently during an epidemic wave in a community. The pandemic mitigation intervention includes:

1. Isolation and treatment (as appropriate) with influenza antiviral medications of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home or healthcare setting, depending on the severity of the individual’s illness and/or the current capacity of the healthcare infrastructure.
2. Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.

3. Dismissal of students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.
4. Use of social distancing measures to reduce contact between individuals in the community and workplace, including the cancellation of large public gatherings and alteration of workplace environments and schedules, to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services. Enable institution or workplace leave policies that align incentives and facilitate adherence with the nonpharmaceutical interventions (NPIs) outlined above.

All such community-based strategies should be used in combination with individual infection control measures, such as hand washing and cough etiquette.

F. Human Resource Issues:

The primary effects of a critical contagious disease emergency or a pandemic are on staffing and students. Unlike natural disasters, pandemics do not damage property or equipment; the effects are mainly human resource oriented. Absenteeism may be caused by a variety of reasons such as:

- a.) Illness/incapacity
- b.) Caring for other family members
- c.) School closures
- d.) Fear of contacting others

Each division, department and unit should strategize how to manage and plan for absences among faculty, staff and students, including operational or information systems that rely on periodic physical intervention to keep them running.

Section 5 Confirmation of a Communicable Disease Emergency (Information primarily based on Avian Flu treatment)

A. CDC Advisory

When certain infectious disease presents a threat, the CDC may issue an advisory. This advisory can be in many forms from a travel advisory that affects only a specific region to health recommendations that affect all or a segment of the population.

After the initial CDC advisory, state and local health officials may provide supplemental instructions or directions regarding that advisory. As the situation evolves, the state or communities could declare emergency and/or issue direction to the general population, WNC closely monitors this process to make effective decisions and follow directions.

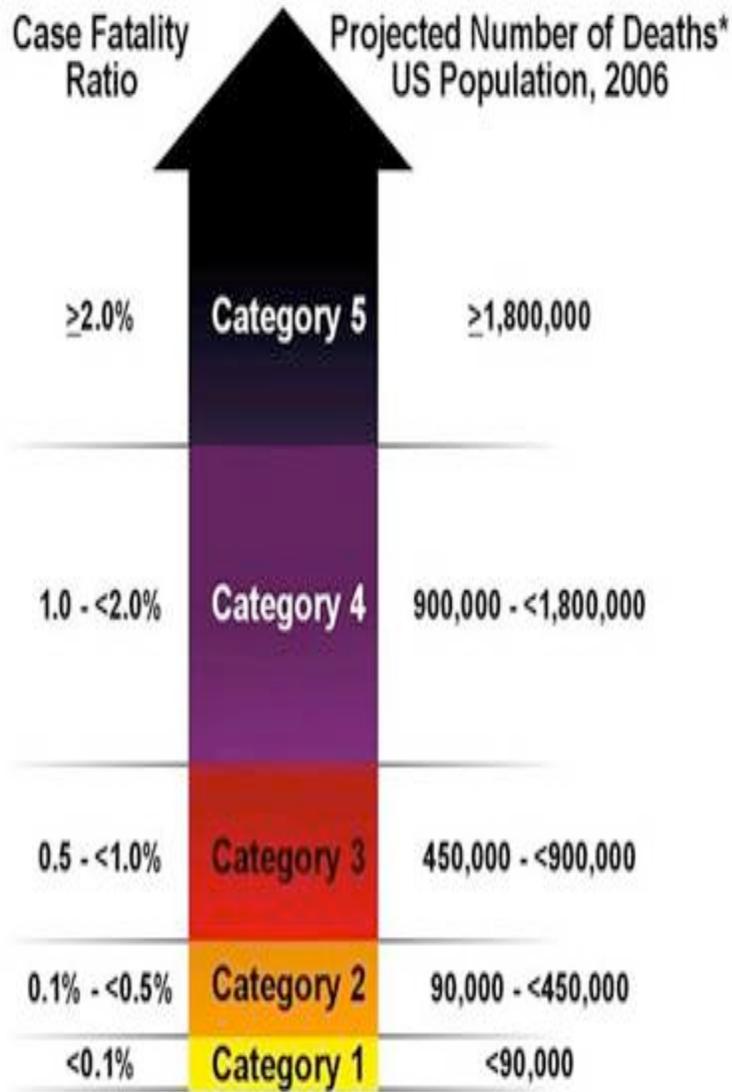
B. The Pandemic Severity Index

In February 2007, the CDC introduced the pandemic severity index. This index uses case fatality ratio as the critical driver for categorizing the severity of a pandemic. The index is designed to enable estimation for the severity of a pandemic on a population level to allow better forecasting of the impact of a pandemic and to enable recommendations to be made on the use of mitigation interventions that are matched to the severity of future influenza pandemics.

Future pandemics will be assigned to one of five discrete categories of increasing severity (Category 1 to Category 5). The Pandemic Severity Index provides communities with a tool for scenario-based contingency planning to guide local pre-pandemic preparedness efforts. Accordingly, communities facing the imminent arrival of pandemic disease will be able to use the

pandemic severity assessment to define which pandemic mitigation interventions are indicated for implementation.

Pandemic Severity Index



*Assumes 30% illness rate and unmitigated pandemic without interventions

Summary of the Community Mitigation Strategy by Pandemic Severity

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend†§	Recommend†§	Recommend †§
Voluntary quarantine of household members in homes with ill persons¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks††	Recommend: ≤12 weeks§§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks§§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = generally recommended as an important component of the planning strategy.

*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at www.pandemicflu.gov.

†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available

§Many sick individuals who are not critically ill may be managed safely at home

¶The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community

disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

**To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than 4 weeks.

§§Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

Section 6 Confirmation of Local Infection

A. Definitive Diagnosis of Influenza

When pandemic flu or other contagious disease cases are noted in Pacific coast areas or Las Vegas (which are major ports of entry into the U.S.), there will be an overwhelming request for clinical and testing service, such as monitoring, diagnosing and treatments. Since Nevada is a major international tourist destination, a pandemic flu may arrive here early. In other cases such as the H1N1 pandemic of 2009 the virus will be in our service area before the pandemic was declared.

Diagnosis is critical to identify the first cases so that steps can be taken to reduce the spread of the disease. There are very strict guidelines in place for flu diagnosis such as high fever, cough, etc., and, if those parameters are met, it triggers a response to get influenza identification. It is necessary to have specific criteria and educational sessions with nurses, physicians, and others to be on the lookout for a particular set of symptom complexes that trigger specimen testing. A pandemic flu outbreak can occur anywhere and the United States Department of Health and Human Services will declare when a pandemic flu outbreak has occurred somewhere in the world.

An intermediate plan may be to monitor attendance at the WNC campuses and not allow large gatherings.

B. Medical Interventions

Federal government agencies will distribute antiviral drugs if a pandemic flu is declared, but it is not clear how much will be provided to Northern Nevada. Stockpiling antiviral drugs or vaccines is problematic because of their limited shelf life. Initially, it must be assumed that an effective and those antiviral drugs may be available in short supply. There are two potential uses of an antiviral drug; 1) treat the an illness but only if administered within the first one or two days of symptom onset; and 2) used as a prophylaxis to reduce the likelihood of illness among individuals who have been exposed or essential personnel. Prophylactic use would consume more of the available supply than treatment.

Emergency responders, health providers and public safety officers would probably be the first to be given available antiviral medicines and vaccinations but the supply may not be enough for

everyone in need. The group(s) with the greatest potential for contacting the virus will generally receive the vaccine first. Provisions should be made to respond to secondary bacterial infections that in the past have been major causes of mortality during an influenza pandemic. In certain instances WNC may strive to hold vaccination clinics on our campus to increase participation.

C. Administrative Response

What action should be taken when a student is shown to have the pandemic flu? They may have to be tested. If they were tested, we would urge them not to return to the campus until they had the test results if they returned to the campus and then received the positive test results, the responsible health department should be called first, informing them that we have a reportable case. The responsible health department will decide what is to happen next and will work with the communities to offer advice and/or assistance. Individuals are typically contagious before symptoms develop. A state, national or even global response may require some form of quarantine, but local health officials should make that decision.

College administrators must be careful not to interrupt the flow of medical information. In addition, they must remember that HIPPA laws apply in these situations. Only with a signed medical release can we obtain medical information on employees or students.

Isolation and treatment or supportive therapy would be better alternatives than quarantine. There are several courses of action that may be taken once an influenza flu pandemic has been confirmed. Additional actions may be triggered when an outbreak is confirmed in our service area or/and amongst students or employees.

Actions that will be taken based on the direction of the President's Emergency Planning Group or Public Health officials include:

- Canceling activities and meetings
- Canceling classes
- Restriction of campus access
- Restriction of travel

The Center for Disease Control (CDC) recommendations for dismissing students will depend on the severity of the pandemic. They also recommend planning by college administrators for situations where students are dismissed for twelve weeks or more. These plans for alternate means of providing instruction or services to students and staff may include:

- Assessing the possibility of altering course requirements
- Providing on-going assignments by regular mail, e-mail, Internet links, telephone, teleconferencing, or calling into a recorded message line
- Gathering key student data in advance of the communicable disease emergency
- Encouraging faculty to develop distance learning capabilities

The incident command system organizational structure from the WNC Emergency Management Plan may be used during a pandemic to better manage and interface with state and local government personnel.

Section 7 Public Relations/Communications

Communication is a very important part of this plan and the campus community may be called upon to provide information to students, faculty, staff and others on what preventative or mitigation actions to take.

The issue of public panic is very serious; accordingly, all information relayed must be as accurate as possible.

The college will, if needed, issue information appropriate to our operational status regarding a communicable disease situation and/or recommendations regarding hygiene/infection control, nonpharmaceutical measures, or pandemic mitigation that is endorsed by the CDC. Any such statements that go beyond the operational status of the college will be made in coordination the responsible health department the WNC Public Information Officer (PIO) and the WNC Emergency Policy Group. If the incident command system is being used all public information must go through the local incident command PIO.

Critical information will be published in various formats including flyers, on the WNC web site, mass media, and campus publications, etc. when possible. This communications plan is generally broad because circumstances, situations or conditions may require other specific action.

The WNC web site is the best way to determine the college's operational status. We may supply links to federal, state and local web sites for additional information. Note: WNC's Information and Marketing Services department is responsible for all releases of information to the public.

Section 8 Communicable Disease Response Plan

See Appendix "C," WNC Campus Pandemic Response Plan, for the college's coordinated response during a communicable disease emergency. It identifies actions by various departments, which would be "triggered" by the World Health Organization (WHO) phases of a pandemic.

Section 9 Department/Division/Campus/Unit Communicable Disease Continuity Plans

Guidelines and a template for developing Communicable Disease Continuity of Operations Plan are contained in Appendix "B," WNC's Template for Division, Department, Campus, and Unit Communicable Disease Continuity of Operation Plan. This template describes various scenarios, which could trigger concerns about the pandemic flu or other communicable diseases and our preparedness.

The process of developing an Communicable Disease Continuity Plan includes answering the questions to discover the essential functions and personnel of each division/department, campus and unit, as well as the essential operational systems. A guide to developing this analysis is included in the appendix. This analysis leads to an impact analysis of potential shortfalls in necessary resources and personnel for planning purposes.

Critical functions and processes are defined as those acts and personnel necessary to:

- Preserve lives (human or animal)
- Maintain the physical plant/infrastructure
- Continue essential business services until an emergency has abated.

Each department, division, campus and unit should complete and inventory of all supplies and equipment identified as essential to ongoing business functions, and to ensure a process is in

place for maintenance of adequate inventory. Shortage of supplies (e.g., medications and medical supplies, cleaning supplies) may occur during an emergency due to increased demand or due to transportation system disruption or inability of suppliers to meet demand due their own staffing shortages. This process should include discussions with key suppliers to plan for regular shipments in the event of shortages or disruptions in transportation systems.

Divisions will identify alternative methods to deliver services and classes. Each division and department must consider what methods can be employed to continue essential services and classes. Alternatives should be identified and planned for maintaining infrastructure, business services, and continuation of course instruction. Methods could include:

- Identify key employees, create redundant or duplicate teams for all critical staff or faculty functions
- Identify and maintain stockpiles of key supplies, and consider how to proceed if key service or supply providers are not available
- Develop staffing plans to identify work that must be done on campus and work that can be done at home
- Videotaping or video conferencing/teleconferencing options
- Expand the use of telecommunications
- Developing backup systems in case of failures

Planning for the recovery or return to “normalcy” will begin immediately and will continue throughout the response phase of an emergency/disaster. With a pandemic, recovery efforts may be thwarted by an unknown duration of the actual event and the unknown number of faculty, staff and students affected. Planning for recovery before an event occurs assists available faculty, staff and students to make the transition as seamless as possible:

- The academic calendar may need to be adjusted and/or instruction accelerated
- Special events (sporting events, concerts, etc.) rescheduled

The criteria and processes for business resumption will be complex and based on information developed by state and local health officials in addition the Board of Regents approval will be required. The WNC president may designate a partial, incremental or total return to normal operations. Any such decisions would be communicated to, and coordinated with each division, department campus and unit.

Proper communication to all faculty/staff and students of a partial, incremental or full reopening will be disseminated as widely and quickly as possible.

Once a complete return to normal operations is accomplished, a debriefing will be convened to discuss the response, recovery and any changes necessary to this plan.

Section 10 Return to Service/Recovery

Each division, department, campus and unit, by way of the template provided in Appendix “B” WNC’s Template for Division, Department, Campus, and Unit Communicable Disease Continuity of Operation Plan would establish their own plan to return to service. The President’s Emergency Policy Group will review these plans to ensure the continuity of all plans with the return of service priorities at our campuses.

Appendix “A”

University Nevada Reno Pandemic Influenza Plan Introduction

Note: Although the initial emphasis of this plan is on avian influenza, the plan will be useful for other respiratory disease outbreaks such as Severe Acute Respiratory Syndrome (SARS) should they occur on the UNR campus.

The World Health Organization (WHO) and the Centers for Disease Control (CDC) has warned that the current risk from avian influenza (“bird flu”) becoming the next human influenza pandemic is high.

In acknowledging that there is ambiguity about whether the H5N1 “bird flu” virus will mutate into a virus capable of causing a worldwide pandemic, the U.S. Health and Human Services (USHHS) Secretary, Michael Leavitt, said on February 17, 2006 at the Nevada Pandemic Planning Summit in southern Nevada:

“Pandemics happen. Let me acknowledge this is a hard thing to talk about. Anything we say in advance of a pandemic happening is alarmist; anything we say afterwards is inadequate.” (Source: <http://www.pandemicflu.nv.gov> Nevada Pandemic Flu Summit web cast.)

Because most natural and manmade disasters tend to be site-specific, traditional Emergency/Disaster Response and Recovery plans focus on damage to property, equipment and machinery with limited loss of personnel. However, the greatest operational issue in a pandemic-type event will be the effects of absenteeism of students, faculty and staff. The focus of this UNR Pandemic Influenza Plan is to (a) prepare for, (b) respond to, (c) continue teaching and research to the extent practicable and (d) return to normal operations as quickly as possible.

It is expected that a pandemic will have worldwide impact with an unpredictable timeline, comprising multiple events or “waves” for 4-8 weeks and spreading quickly from one urban area to another. Major disruptions are likely for health care, transportation, infrastructure, education, suppliers and other public services. Our physical facilities will not be damaged, but will need vigilant attention to maintain operation.

Once a pandemic virus emerges, it is too late to begin planning or to begin collaboration within and outside our campus. While no organization will be immune from the effects of a global pandemic, we are presented with the opportunity to plan ahead and develop our response in a caring, compassionate and prudent manner, and to continue the delivery of essential services that will allow UNR to continue its important and vital missions of education and research.

This plan describes the overall actions (Basic Plan) to be taken by UNR to prepare for and respond to an illness pandemic. Additionally, each component of the university will prepare a Continuity of Operations Plan that will be attached as Appendix C to the Basic Plan.

Influenza Background

- I) **Forms of Influenza.** There are three distinct forms of influenza:
 - a) Seasonal (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available

- b) Avian (or bird) flu is caused by an influenza virus that occurs naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available at this time
 - c) Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu. (Source: <http://www.pandemicflu.gov>)
- II) **Avian Influenza.** Since 2003, the Avian (bird) influenza has been spreading through Asia. A growing number of human H5N1 cases contracted from infected animals have been reported in Thailand, Vietnam, Cambodia, Indonesia, China, Iraq, and Turkey, and more than half the people infected have died. As of July 20, 2006, there were 231 confirmed cases and 133 deaths reported worldwide. (*Updated information is available at the WHO website: <http://www.who.int/en/>*) There is concern that the avian influenza virus currently present in birds may mutate and evolve into a pandemic-type virus capable of widespread human-to-human transmission.
- III) **Recent History of Pandemic Influenzas.** There have been three acknowledged pandemics in the 20th century:
- a) 1918-19 “Spanish Flu” (H1N1) is estimated to have sickened 20-40% of the world’s population, and over 20 million people died, 500,000 in the U.S., between September 1918 and April 1919. It spread rapidly; many died within a few days of infection, others from secondary complications. The attack rate and mortality was highest among adults 20-50 years old, although the reasons for this are uncertain
 - b) 1957-58 ‘Asian Flu’, (H2N2) the virus was quickly identified due to advances in technology and a vaccine was produced. Infection rates were highest among school children, young adults and pregnant women. The elderly had the highest rates of death. A “second wave” developed in 1958. There were about 70,000 deaths in the United States
 - c) 1968-69, ‘Hong Kong Flu’, (H3N2) caused approximately 34,000 deaths in the U.S. This virus was first detected in Hong Kong in early 1968 and spread to the United States later that year. Those over age 65 were most likely to die. This virus returned in 1970 and 1972 and still circulates today. (Source: <http://www.pandemicflu.gov/general/historicaloverview.html>)
- IV) **Certainty of Pandemic.** Most experts agree that it is not a question of whether or not there will be another pandemic, but when it will occur. According to the US Health and Human Services Pandemic Plan:
- a) A pandemic is a public health emergency that takes on significant political, social and economic dimensions
 - b) The course of pandemic influenza will be governed by factors that cannot be known in advance
 - c) The first human cases will likely occur in other countries and will be detected by the global surveillance network
 - d) Planning is an essential component of pandemic influenza preparedness. An onset of illness is too late to begin planning

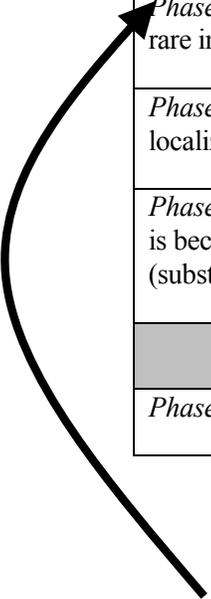
- e) Communication is a critical aspect of all emergency planning and response
- f) There will be universal susceptibility to the pandemic influenza subtype
- g) Experts anticipate an influenza pandemic could last from 18 months to several years with at least two peak waves of activity. In an affected community, a pandemic will last about 6 to 8 weeks. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza
- h) Vaccinations and antiviral treatment are anticipated to be the most effective medical treatment, but they may be non-existent or in limited supply
- i) Non-medical containment measures will be the principal means of disease control until vaccinations are available, but decisions about non-medical containment measures will be made in an atmosphere of considerable uncertainty
- j) Clinical Attack Rates:
 - (1) Thirty (30) percent clinical disease attack rate in the overall population
 - (2) Illness rates will be highest among school-aged children (about 40%) and decline with age
 - (3) Among working adults, an average of 20% will become ill during a community outbreak
 - (4) Of those who become ill, 50% will seek outpatient care
 - (5) The number of hospitalizations/deaths will depend on the virus' virulence
 - (6) Risk groups for severe and fatal infections cannot be predicted with certainty
 - (7) The typical incubation period for respiratory influenza averages two days
 - (8) Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first two days of illness. Children will shed the greatest amount of virus and therefore, are likely to pose the greatest risk for transmission
 - (9) On average, two secondary infections will occur as a result of transmission from someone who is ill
 - (10) In an affected community, a pandemic will last about 6 to 8 weeks. At least two disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza
 - (11) The seasonality of pandemic cannot be predicted with certainty. The largest "waves" in the U.S. during 20th century pandemics occurred in the fall and winter

Source: <http://www/hhs.gov/pandemicflu/plan>

V) **World Health Organization (WHO) Phases of a Pandemic.** The WHO has defined six phases, before and during a pandemic, that are linked to the characteristics of a new influenza

virus and its spread through the population. These phases are being used by the U.S. Federal government, the State of Nevada, and the Washoe County District Health Department to plan their actions. The UNR Pandemic Plan should do likewise.

Interpandemic Period (period of time between pandemics)
<i>Phase 1:</i> No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
<i>Phase 2:</i> No new influenza subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period
<i>Phase 3:</i> Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
<i>Phase 4:</i> Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting the virus is not well adapted to humans
<i>Phase 5:</i> Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)
Pandemic Period
<i>Phase 6:</i> Pandemic Phase: Increased and sustained transmission in general population



We are currently in WHO Phase 3 of the Pandemic Alert Period. “It is the policy of the Federal Government to accelerate preparedness efforts prior to WHO Phase 4, then initiate pandemic response actions at Phase 4, when epidemiological evidence of two generations of human-to-human transmission of a new influenza virus is documented anywhere in the world.” (Source: *Implementation Plan for the National Strategy for Pandemic Influenza*, pg. 31, May, 2006)

Appendix “B”

WNC’s Template for Division, Department, Campus, and Unit

Communicable Disease Continuity of Operation Plan

This plan is developed for this division, department, campus, or unit and specifically covers the critical functions and positions, designated personnel and response/recovery actions for division, departments, school, college, or unit as they apply to an influenza pandemic scenario. This document will be combined with similar plans from other divisions, departments, campuses, and units, and compiled into a campus-wide plan for responding to an influenza pandemic.

An electronic version of this template can be obtained from Kathy Lynch (lynchk@WNC.edu). Using an electronic version will allow your department, division, or group to expand each section to include all necessary and appropriate information.

PLANNING STRUCTURE

1.) The organizational structure for division, department, campus, or unit consist of:

Name	Position	Work Location	Email	Office	Home	Cellular or other	Text Capable?

2.) The Pandemic Planning Workgroup appointed for division, department, or unit is:

Name	Position	Work Location	Email	Office	Home	Cellular or other	Text Capable?

SCENARIOS AND QUESTIONS

1) **Consider this Scenario** (WHO/CDC Pandemic Alert Phase II):

In spite of heavy surveillance, the avian flu H5N1 virus has been found in poultry in the New York City outdoor markets. Public Health officials from New York and the USDA have ordered mass destruction of poultry in that area and have put the rest of the continental U.S. on alert. Experts are predicting that it is only a matter of time before the disease spreads to poultry and perhaps other animals in the rest of the U.S. Some media reports are characterizing this outbreak as “one step from human infection.”

Specifically at WNC:

There are some concerns being expressed by staff and faculty about the recent events with questions about whether it is safe to eat poultry, what other animals might be infected and exactly how transmissible this is to humans.

Questions:

1. Is there an updated contact list (phone, email, cell, etc) for everyone within the division, department, and unit?
2. Where is the list kept?
3. Who is responsible for updating that list?
4. What methods are used for quickly contacting everyone within the division, department, and unit with critical information (Example: a phone tree)?

II) **Consider this Scenario** (WHO/CDC Pandemic Alert Phase IV):

For the past week, there have been rumors and unconfirmed reports of small clusters of person-to-person spread of H5N1 in Southeast Asia. The WHO intensively investigated, and initially could not confirm this development, although the level of suspicion is high and increasing all the time. As the WHO was attempting to verify the reports, CNN comes out with a report that the Avian Pandemic has arrived and is causing many deaths among residents and tourists in Southeast Asia. Finally, the WHO confirms that the virus has mutated and it is transmissible among humans, but it is still unclear how virulent it is. International efforts are attempting to contain these known outbreaks so the full range can be ascertained, although experts do not expect to be able to contain it for very long. Intensive surveillance in the U.S. has not found any evidence of H5N1 among the influenza-like illnesses that are normally present at low levels in the general population.

Specifically at WNC: There are nervous questions from faculty and staff about our plans to deal with an outbreak here. Some students are not attending classes because their parents have demanded they remain home. Local health departments are urging caution until facts are verified.

Questions:

1. Who in the division, department, or unit is responsible for tracking and recording employee absences?
2. What is the method for monitoring faculty/staff who are ill with flu-like symptoms, including contacting staff who are unexpectedly absent from work?
3. Does staff, faculty, students have access to the latest information about disease transmission? Where is the information located?
4. Does the division, department, campus or unit provide basic disease prevention supplies (hand sanitizer, tissue, masks) at work?

III) **Consider this Scenario** (WHO/CDC Pandemic Alert Phase V):

Cases of H5N1 influenza have been verified in the U.S. some of those cases in California. Some countries have closed their airspace to all inbound flights. There is a public health alert notice from the California Department of Health and the state's Pandemic Flu Plan has been activated, which calls for immediate quarantine of known cases and all their contacts, and possibly stopping all traffic in and out of the affected area in an attempt to contain the virus. School absenteeism rates (all levels) are extremely high, and there have been "unusually light" commutes the last few days. There is high absenteeism in all offices. Some stores are closed because of high employee absenteeism and the ones that are open are packed with consumers trying to purchase supplies. All business is disrupted, which includes normal deliveries of goods and services. Markets are being shopped out, long lines at open gas stations. Hospitals and health centers are quickly being overwhelmed with both the sick and the "worried well." There is some discussion of activation the National Guard.

Specifically at WNC: There have not been any confirmed cases of Avian Flu in Northern Nevada. Students are not attending classes. Some classes are cancelled as there is high absenteeism among faculty and staff. Reasons for absenteeism include personal and family illness, although it is suspected that many faculty and staff are choosing to stay home. Students are afraid of becoming ill. Some faculty and staff are wearing gloves and masks and avoiding their colleagues. The president is considering a closure of the campus if cases occur in Northern Nevada.

Questions:

1. Assume that **TODAY** only 50% of the normal staff/faculty in the division, department, and unit has reported to work or school, and it appears this may be the situation for the next several weeks until the full extent of this influenza outbreak is known.
 - a. What are the critical functions and processes that must be maintained **TODAY** and the rest of **THIS** week?
 - b. What level of staffing is required to maintain those processes and functions?
2. If the president ordered a closure of WNC for one month, what projects or services that your group provides could be postponed?
3. What policies does your division, department, or unit have in place for prolonged employee absences?
4. Are there any staff/faculty/students from your division, department, school, college, or unit on travel or abroad? Do you know where they are and how to contact them?
5. Are there alternatives that could be considered within your division, department, or unit for delivery of services or classes? If so, what are they?

IV) **Consider this Scenario** (WHO/CDC Pandemic Alert Phase IV):

The pandemic event is serious enough that the decision has been made to close the campus to all but the most critical functions for an unknown period of time.

1. On a daily basis, there are functions and processes we must continue to provide regardless of the situation. How do we plan to provide them?
2. These are the functions and processes that could be delayed for up to one week,-but no longer. How do we plan to provide them?
3. These are the functions and processes that could be delayed for up to one month, but no longer. How do we plan to provide them?

V) **Consider this Scenario** (WHO/CDC Pandemic Alert Phase V):

Cases of H5N1 influenza are verified in the U.S., some of those cases in California. Some countries have closed their airspace to all inbound flights. There is a public health alert notice from the California Department of Health and the state's Pandemic Flu Plan has been activated, which calls for immediate quarantine of known cases and all their contacts, and possibly stopping all traffic in and out of the affected area in an attempt to contain the virus. School absenteeism rates (all levels) are extremely high, and there have been "unusually light" commutes the last few days. There is high absenteeism in all offices. Some stores are closed because of high employee absenteeism and the ones that are open are packed with consumers trying to purchase supplies. All business is disrupted, which includes normal deliveries of goods and services. Markets are being shopped out, long lines at open gas stations. Hospitals and health centers are quickly being overwhelmed with both the sick and the "worried well." There is some discussion of activation the National Guard.

Specifically at WNC: There have not been any confirmed cases of Avian Flu in Northern Nevada. Students are not attending classes. Some classes are cancelled as there is high absenteeism among faculty and staff. Reasons for absenteeism include personal and family illness, although it is suspected that many faculty and staff are choosing to stay home. Students are afraid of becoming ill. Some faculty and staff are wearing gloves and masks and avoiding their colleagues. The president is considering a closure of the campus if cases occur in Northern Nevada.

Questions:

1. What actions within the division, department, campus, or unit are to be implemented to recover from this disaster?
2. What mitigation measure could have been put into place ahead of time that could have helped your division, department, campus, or unit weather this disaster better?

Continuity of Operation Plan

I) What is the primary mission of this division, department or unit?

NOTE: In this context, “critical functions and processes” are defined as those acts (1) necessary to preserve lives (human or animal), (2) maintain the physical plant/infrastructure, or (3) continue essential business services until an emergency has abated. This would include (for example), care and feeding for animal facilities, maintaining the Data Center, Keeping all utilities functional and maintaining public safety.

II) What are the critical functions and processes of this division, department, campus, or unit?

III) Who performs those critical functions and processes? Who are the backups or alternative staff who could perform those functions?

IV) What other campus units are necessary to maintain the critical functions and processes of this division, department, or unit? What arrangements or agreements exist with those other units?

V) Is there a readily available and accurate inventory of supplies on hand? What contracts, arrangements or agreements exist with vendors that supply goods and services to your division, department, or unit during a disaster?

VI) What alternative methods are in place for delivery of goods and/or services?

VII) What additional information pertinent to your organization would you like?

Appendix “C”

WNC Campus Pandemic Response Plan

The WNC Pandemic Response Plan description uses three levels as a system to launch progressively more responsive actions to prevent the spread of disease.

This system is based upon the World Health Organization’s (WHO) six levels of pandemic alert to international community’s indicating the current seriousness of threat.

Western Nevada College (WNC)	World Health Organization (WHO)
Level 1 Pandemic Development New virus in animals, no human cases	Phase 1 Low risk of humans cases Phase 2 Higher risk of human cases Phase 3 No or very limited human to human cases
Level 2 Pandemic Alert New virus causes human case, human to human transmissions	Phase 4 Evidence of increased human to human transmission Phase 5 Evidence of significant human to human transmissions
Level 3 Pandemic Sustained human-to-human transmissions in the general population impacting Nevada	Phase 6 Increased and sustained human to human transmissions

The following plan is based on a category III or greater pandemic. Less action may be taken for lesser category situations.

	Level 1	Level 2 (in addition to Level 1 actions)	Level 3 (in addition to Level 1 & 2 actions)
1. President's Emergency Policy Group (PEPG)	<ol style="list-style-type: none"> 1. All members monitor the situation in their specific areas of expertise and advise the group as required 2. Information and Marketing Services in all public information releases 3. Provide a periodic updates on public health issues and develop a revised response plan for each campus 4. Inform all employees, students, and key entities of the plan and verify that each department, division, campus or unit has developed a continuity of operation plan 5. Discuss and understand relevant public health issues through consultation with local health officials 6. Have responders read through CDC/NIOSH guidelines on how to properly use a N95 mask http://www.cdc.gov/ncidod/sars/respirators.htm 7. Have responders read through and understand General Precautions; go to: http://www.mass.gov/dph/dcd/epii/sars/infosheets/infectioncontrol.pdf 	<ol style="list-style-type: none"> 1. Notify appropriate state and county officials if closing the campus is likely 2. Notify all campus divisions and departments of the plan for action 3. Compose communications with Information and Marketing for the campus community regarding signs/symptoms and the protocol for referral of suspected cases 4. Essential personnel receive respirators or surgical masks from Environmental Health and Safety 5. Communicate with parents and employees' families of suspected cases and explain the situation 	<ol style="list-style-type: none"> 1. Maintain contact amongst all campus groups (phone trees and email) changes in the operational status of the college will be made using the Inclement Weather Notification Chart (see Section 8) 2. Meet as required using video conferencing or telephone to provide proper direction 3. Decide if Emergency Operation Center (EOC) activation is necessary 4. Monitor the performance of the college
2. Public Safety	<ol style="list-style-type: none"> 1. Train and identify essential personnel and define their responsibilities 2. Monitor and report attendance and absenteeism to EH&S or other designated groups 3. Keep the Public Safety continuity of operation plan up to date 4. Have responders read through CDC/NIOSH guidelines on how to properly use a N95 mask: http://www.cdc.gov/ncidod/sars/respirators.htm 5. Have responders read through and understand General Precautions; go to: http://www.mass.gov/dph/dcd/epii/sars/infosheets/infectioncontrol.pdf 	<ol style="list-style-type: none"> 1. Implement a policy on transporting individual(s) to hospitals 2. Start campus emergency patrols 3. Essential personnel receive respirators or surgical masks from EH&S 	<ol style="list-style-type: none"> 1. Secure buildings and post signage 2. Assist with necessary authorized campus access 3. Monitor employee hygiene, health, and absenteeism
3. Facilities	<ol style="list-style-type: none"> 1. Identify essential buildings systems, and services 	<ol style="list-style-type: none"> 1. Maintain facilities as directed by PEPG 	<ol style="list-style-type: none"> 1. Perform essential services 2. Monitor employee hygiene,

Management	<ol style="list-style-type: none"> 2. Identify essential personnel 3. Establish an essential mail/email/phone plan 4. Inventory supplies/reorder as required 5. Train personnel in proper hygiene practices 6. Keep the department continuity of operation plan up to date 7. Have responders read through CDC/NIOSH guidelines on how to properly use a N95 mask http://www.cdc.gov/ncidod/sars/respirators.htm 8. Have responders read through and understand General Precautions; go to: http://www.mass.gov/dph/dcd/epii/sars/infosheets/infectioncontrol.pdf 	<ol style="list-style-type: none"> 2. Implement essential mail/email and phone plan 3. Essential personnel receive respirators or surgical masks from EH&S 	health and absenteeism
4. Environmental Health and Safety	<ol style="list-style-type: none"> 1. Assess respiratory protection plan and resources. Order additional material as identified 2. Provide guidance for respirator/mask and hygiene issues 3. Update this and other emergency plans 4. By staying in contact with state and local health officials 5. Have responders read through CDC/NIOSH guidelines on how to properly use a N95 mask: http://www.cdc.gov/ncidod/sars/respirators.htm 6. Have responders read through and understand General Precautions; go to: http://www.mass.gov/dph/dcd/epii/sars/infosheets/infectioncontrol.pdf 7. Order additional supplies as available 	<ol style="list-style-type: none"> 1. Distribute N95 respirators and surgical masks to essential personnel 2. Stockpile additional emergency supplies 	<ol style="list-style-type: none"> 1. Perform essential services 2. Monitor campuses for health and hygiene issues
5. President's Office and Executive Management	<ol style="list-style-type: none"> 1. Receive and evaluate information from all sources 2. Review content of internal and external public information bulletins and announcements. 3. Develop business continuity plans 4. Review and monitor the effectiveness of all continuity of operation plans. Integrate these plans 	<ol style="list-style-type: none"> 1. Receive and evaluate advice on response options. Benchmark against other institutions 2. Receive respirators and surgical masks from EH&S 3. Evaluate information on institutional effects of the incident and set response priorities as appropriate 4. Consider restricting on and off campus for activities/athletic events 5. Based on U.S. State Department recommendations, WNC may 	<ol style="list-style-type: none"> 1. Provide oversight for student, staff, and faculty family notifications if appropriate 2. Authorize temporary suspension of classes or closure 3. Evaluate effectiveness of communicable disease plan 4. Evaluate ongoing college functions 5. Plan for resumption of services

		<p>recommend campus community not to travel to affected countries</p> <p>6. Attempt to obtain vaccine and antiviral drugs for essential people</p> <p>7. Identify line of authority if key people become ill</p>	
6. Information and Marketing Services	<p>1. Draft internal and external bulletins and announcements, with the President's Emergency Policy Group (PEPG)</p> <p>2. Keep the WNC website up to date</p> <p>3. Place CDC's hygiene criteria into news letter and/or brochure</p> <p>4. Identify essential personnel</p> <p>5. Have responders read through CDC/NIOSH guidelines on how to properly use a N95 mask: http://www.cdc.gov/ncidod/sars/respirators.htm</p> <p>6. Have responders read through and understand General Precautions; go to: http://www.mass.gov/dph/dcd/epii/sars/infosheets/infectioncontrol.pdf</p>	<p>1. Write and publish bulletins and updates on the college emergency information hotlines and the website</p> <p>2. Write scripts for phone trees and internet with approval from PEPG</p> <p>3. Request that employees and their families to report all flu cases to EH&S or other designated groups</p> <p>4. Essential personnel receive respirators or masks from EH&S</p>	<p>1. Organize phone banks, if necessary (phone banks can refer callers to emergency services, take messages, provide rumor control)</p> <p>2. Establish a media relations center if required</p>
7. Building Emergency Teams	<p>1. Monitor flu like symptoms amongst building occupants</p> <p>2. Monitor attendance</p> <p>3. Monitor and encourage proper hygiene practices amongst campus personnel</p>	<p>1. Watch the WNC website and communicate information to building occupants</p>	<p>1. Evaluate temporary closure of building(s) and suspension of student and academic activities by providing input to your supervisor and EH&S</p> <p>2. Implement PEPG approved Emergency Action Plan</p> <p>3. Support activities of the Emergency Operations Center (EOC) if required</p>
8. Student Association	<p>1. Establish a continuity of operation plan</p>	<p>1. Provide the students with updates and briefing on the situation to minimize rumors</p> <p>2. Notify the Dean of Student Services if suspected flu cases are encountered</p>	<p>No change</p>
9. Sedway and Other Food Services	<p>1. Establish a continuity of operation plan</p>	<p>1. Enact emergency phone contact tree</p> <p>2. Identify the participants of essential food preparation, food delivery, maintenance and housekeeping (if required)</p> <p>3. Prepare to stop servicing the public and to support essential services</p> <p>4. Stockpile food stuffs and water, as required</p> <p>5. Remove non-essential food as required</p>	<p>1. Operate as necessary in compliance with guidance from the County Health Department</p>
10. Business	<p>1. Identify risk exposures for which</p>	<p>1. Communicate with insurance</p>	<p>1. Assess actual risk/insurance</p>

Office	<p>insurance can and cannot be obtained including associated financial impact</p> <p>2. Identify steps that must be taken to monitor and protect insurance coverage</p> <p>3. Benchmark risk management response and insurance coverage options with peer universities</p> <p>4. Plan for continuation of essential services</p> <p>5. Monitor faculty and staff travelers entering from effected geographic regions</p>	<p>carriers on evolving campus issues</p> <p>2. Implement the essential services plan</p>	claim issues
11. Allied Health and Nursing	<p>1. Assist EH&S in the dissemination of critical medical information</p> <p>2. Provided interface with local medical groups</p> <p>3. Assess biological waste streams and notify the contractor of required services</p>	<p>1. Help campus personnel obtain screening as required</p> <p>2. Arrange for additional medical waste pick-ups if required</p>	
12. Computing and Telecommunications	<p>1. Assess supplemental computing hardware/software needs including: PEPG Information & Marketing Counseling Center Human Resources EOC</p> <p>2. Identify essential personnel</p> <p>3. Support web class efforts of the divisions</p> <p>4. Have responders read through CDC/NIOSH guidelines on how to properly use a N95 mask: http://www.cdc.gov/ncidod/sars/respirators.htm</p> <p>5. Have responders read through and understand General Precautions; go to: http://www.mass.gov/dph/dcd/epii/sars/infosheets/infectioncontrol.pdf</p> <p>6. Order essential materials</p>	<p>1. Purchase/contract for supplemental computing hardware/software needs</p> <p>2. Essential personnel receive respirators or masks from EH&S</p>	1. Assist with email message distribution and remote computer usage
13. Human Resources	<p>1. Identify essential personnel</p> <p>2. Prepare an alternative sick policy encouraging employees with flu like symptoms to work at home</p> <p>3. Identify personnel available for telephone support work</p> <p>4. Monitor employee absenteeism and report to EH&S or other designated groups</p> <p>5. Have responders read through CDC/NIOSH guidelines on how to properly use a N95 mask: http://www.cdc.gov/ncidod/sars/respirators.htm</p> <p>6. Have responders read through and</p>	<p>1. Establish and implement policy for student, staff, faculty, and family emergency notifications</p> <p>2. Essential personnel receive respirators or masks from EH&S</p>	1. Address pressing H.R. issues

	understand General Precautions; go to: http://www.mass.gov/dph/dcd/epii/sars/infosheets/infectioncontrol.pdf		
14. Child Development Center	<ol style="list-style-type: none"> 1. Involve the parents in the planning effort on the continuity of operations plan 2. Monitor county health recommendations 3. Train parents and workers on the spread of infection 4. Use the WNC website and phone trees for critical communications 	<ol style="list-style-type: none"> 1. Recommend a temporary shutdown of services 2. Dispose of food prior to shutdown 	
15. Academic Affairs	<ol style="list-style-type: none"> 1. Project/assess IT requirements for a virtual classroom 	<ol style="list-style-type: none"> 1. Review the business continuity plan 	<ol style="list-style-type: none"> 1. Input into social distancing and class closing discussions

Appendix “D” Acknowledgement

Included is the “University of Nevada Reno Pandemic Flu Plan Introduction” See Appendix “A” to this plan. Their introduction is well written as it relates to communicable disease particularly Avian Flu in northern Nevada. You may wish to read this document before reading this plan.

It should be recognized that, in addition to the University of Nevada Reno, information from several other universities were used as sources in developing WNC’s Communicable Disease Plan.

These universities are:

- Carnegie Mellon University
- University of California, Davis
- University of California, Irvine
- University of North Carolina, Chapel Hill

In addition, information is incorporated from the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC), the Nevada State Health Division, and the Carson City Department of Health and Human Services.